

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034358

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 200

Registrar's No. 1361A

**FILED SEP 24 1962**

1. PLACE OF DEATH

a. COUNTY

Greene

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Springfield

Length of stay in 1b

12 yrs.

c. CITY

OR TOWN

Springfield

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Johns Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

2614 Englewood

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

John

Middle

Warren

Last

Cook

4. DATE OF DEATH

Month

Day

Year

September 7, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

3-4-1921

9. AGE (last birthday)

41

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

District Manager

10b. KIND OF BUSINESS OR INDUSTRY

Business Machines

11. BIRTHPLACE (City and state or country)

Red Wing, Minn.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

George Allen Cook

13b. MOTHER'S MAIDEN NAME

Inga Thome

14. NAME OF HUSBAND OR WIFE

Patti Ann Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Address

Patti Ann Cook Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Kidney

INTERVAL BETWEEN ONSET AND DEATH

6 mos

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9/7/62 to 9/7/62 and last saw him alive on 9/7/62

Death occurred at 8:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

William W. Wood MD

22b. ADDRESS

Springfield, Mo.

22c. DATE SIGNED

9/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-11, 1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cem.

23d. LOCATION (City, town, or county)

Tulsa

Oklahoma

24. FUNERAL DIRECTOR

ADDRESS

Rainey's Chapel, Springfield, Mo.

25. DATE RECD. BY LOCAL REG.

9-17-62

26. REGISTRAR'S SIGNATURE

Effie S. Melton

(Licensed Embalmer's Statement on Reverse Side)

William W. Wood  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10397

0397

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124-0

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SEP 24 1962

MAR 19 1963

Permit

9-10-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed 14 B. Torritt

Licensed Embalmer No. 2201

P. O. Address W. Vernon MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.